

EXHIBIT 28

6/9/22, 2:48 PM

https://medsviewer.amr.net/#/report?hipaaReason=Investigations&isInternalUser=true&pcrlds=2022050412165547862



MCCORMICK AMBULANCE SERVICE PATIENT CARE REPORT

DOE, JOHN
DOB: (35 YEARS (EST.))
SEX: MALE
CASE #: 44739
DOS: 05/04/2022

SERVICE MODEL AGENCY AMR	DISPATCH INFORMATION	TIMES
FROM: WB 105 EO 710 FWY PARAMOUNT, CA 90723 (ROADWAY - HIGHWAY) GEOGRAPHICAL AREA: URBAN TO: ST FRANCIS MED CTR-LYN 3630 E IMPERIAL HWY LYNWOOD, CA 90262 (HOSPITAL - ED) ROOM/DEPT: HOSPITAL-EMERGENCY DEPARTMENT DESTINATION DECISION: BASE ORDERS	CALLER: F22158356 SQUAD/ENGINE NUMBER: S98 LA COUNTY SEQUENCE NUMBER: 2205040488 ZONE: 101 UNIT: 1402 RESPONSE MODE: LIGHTS AND SIREN TRANSPORT MODE: LIGHTS AND SIREN ALS ASSESSMENT: FIRE PARAMEDIC DISPOSITION: TRANSPORTED - TO HOSPITAL ER/ED NATURE OF CALL: T/C PEDESTRIAN INVOLVED FIRE INCIDENT NUMBER : F22158356 RUN TYPE: R - REGULAR RUN	CALL RECEIVED: 11:21:10 DISPATCHED: 11:21:48 ENROUTE: 11:21:59 AT SCENE: 11:32:01 AT PT SIDE: 11:33:00 TRANSPORT: 11:51:38 ARRIVAL: 11:56:59 CARE TRANS'D: 12:30:00 AVAILABLE: 12:42:38 SCENE MILES: 0.0 DESTINATION MILES: 3 TOTAL MILES: 3.0

PATIENT DEMOGRAPHICS

NAME: DOE, JOHN **DOB:**
ADDRESS: WB 105 EO 710 FWY **AGE:** 35 YEARS (EST.)
CITY, STATE ZIP: PARAMOUNT, CA 90723 **GENDER:** MALE
HOME PHONE: **ETHNICITY:** NOT KNOWN
CELL PHONE:
EMAIL:
SSN:
INSURANCE: NO INSURANCE AVAILABLE **POLICY:** **GROUP:**
RESPONSIBLE PARTY: DOE, JOHN
PHONE:

NARRATIVE

NARRATIVE

RESPONDED TO 911 CALL TO HIGHWAY FOR APPROXIMATELY 35 YOM C/C TRAUMATIC ARREST
 PT WAS FOUND LAYING SUPINE ON FREEWAY
 PT WAS A/O X 0 AND GCS 3
 WHEN WE ARRIVED ON SCENE MEDICS WERE PERFORMING CPR ON PT
 MEDIC HAD STARTED IO PRIOR TO ARRIVAL ON LEFT TIBIA
 MEDIC HAD PLACED CHEST TUBE ON RIGHT MIDAXILLARY PRIOR TO ARRIVAL
 MEDIC HAD INSERTED OPA AND WAS USING BVM TO PROVIDE RESPIRATIONS TO PT PRIOR TO ARRIVAL
 PT WAS GS TO GURNEY AND TRANSPORTED CODE 3 +PMA TO ST FRANCIS
 EN ROUTE PT CONDITION REMAINED THE SAME
 EMT VANESSA TOOK OVER COMPRESSIONS
 MEDIC STATED PT HAD BEEN HIT BY VEHICLE TWICE THEN TASED BY CHP AND SHOT 4 TIMES ONCE IN THE HEAD ON THE RIGHT

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PARIETAL LOBE WHICH LOOKED LIKE THE BULLET GRAZED HIS HEAD
PT WAS ALSO SHOT ON RIGHT SIDE OF CHEST MIDCLAVICULAR
PT WAS ALSO SHOT ON RIGHT LEG AND LEFT LEG
PT HAD TOURNIQUET ON RIGHT LEG FROM CHP
MEDIC STATED PT WAS ATTEMPTING SUICIDE JUMPING IN FRONT OF VEHICLES ON THE FREEWAY WHEN HE WAS STRUCK BY A VEHICLE
MEDIC THEN STATED PT WAS TASED AND SHOT FOUR TIMES BY CHP AND THEN PT WENT INTO TRAUMATIC ARREST
AT HOSPITAL PT CONDITION REMAINED THE SAME
PT WAS A/O X 0 AND GCS 3
EMT VANESSA WAS STILL DOING COMPRESSIONS ON PT
UTO SECOND SET OF VITALS BECAUSE HOSPITAL WAS WORKING ON PT
UTO PT INFORMATION BECAUSE PT DID NOT HAVE ANY ID
UTO PT SIGNATURE BECAUSE PT WAS IN CARDIAC ARREST

IMPRESSION

PRIMARY IMPRESSION: TRAUMA - TRAUMATIC ARREST
SECONDARY IMPRESSION: TRAUMA - TRAUMATIC ARREST
PRIMARY SYMPTOM: CARDIAC ARREST

HISTORY OF PRESENT ILLNESS

CHIEF COMPLAINT(S):

CHIEF COMPLAINT CATEGORY: CARDIAC ARREST; LA COUNTY COMPLAINT: CARDIAC ARREST

CAUSE(S) OF INJURY: O - SHOOTING (); COMMENTS: NOT ADDED ;

FACTORS IMPACTING CARE: NONE

ALCOHOL/DRUG INDICATORS: DRUG PARAPHERNALIA AT SCENE

MEDICAL HISTORY

HISTORY OBTAINED FROM: NOT OBTAINED
MEDICAL HISTORY: UNABLE TO OBTAIN-UNRESPONSIVE
ENVIRONMENTAL/FOOD ALLERGIES: NOT KNOWN
MEDICATION ALLERGIES: UNABLE TO OBTAIN
MEDICATIONS: NONE REPORTED/PATIENT DENIES MEDS
DOES THE PATIENT DISPLAY/COMPLAIN OF ANY OF THE FOLLOWING SYMPTOMS?: NO
- FEVER
- COUGH
- SHORTNESS OF BREATH
- WEAKNESS/TIREDNESS

VITAL SIGNS

TIME	BLOOD PRESSURE	PULSE	RESP	GLASGOW COMA SCALE				EKG	SPO2	ETCO2	BLOOD GLUCOSE	PAIN SCALE
				E	V	M	TOTAL					
PTA							3					

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DOE, JOHN
 DOB: (35 YEARS (EST.))
 SEX: MALE
 CASE #: 44739
 DOS: 05/04/2022

PHYSICAL FINDINGS

WEIGHT: 90.7 KG; 200 LBS

PHYSICAL ASSESSMENT

HEAD:

RIGHT PARIETAL SKULL/SCALP -

POSITIVE: PUNCTURE/PIERCING

NECK: ATRAUMATIC, NO JVD

CHEST:

RIGHT MID-CLAVICULAR -

POSITIVE: PUNCTURE/PIERCING

ABDOMEN: SOFT, NON-TENDER, NON-DISTENDED

PELVIS: STABLE, NO CREPITUS OR DEFORMITY

BACK: NO CREPITUS, DEFORMITY, PAIN

EXTREMITIES:

RIGHT LEG -

POSITIVE: PUNCTURE/PIERCING

LEFT LEG -

POSITIVE: PUNCTURE/PIERCING

TREATMENTS

PTA	TIME	CAREGIVER	PROCEDURE
X		LACOFD	VITAL SIGNS - GLASGOW COMA SCALE - GCS SCORE: 3
			VITALS - ALL FIELDS EMPTY
	11:33:00	LACOFD	INTUBATION - INDICATION: CARDIAC ARREST; TYPE: ORAL; TUBE SIZE: 7.0MM; # OF ATTEMPTS: 1; RESULT AFTER: IMPROVED; PROCEDURE WAS: SUCCESSFUL
	11:33:00	LACOFD	LEVEL OF CONSCIOUSNESS - RESPONDS TO (AVPU): UNRESPONSIVE
	11:33:00	LACOFD	CHEST COMPRESSION - INDICATION: CARDIAC ARREST; TYPE: MANUAL; RESULT AFTER: UNCHANGED
	11:33:00	LACOFD	INTRAOSSEOUS - INDICATION: UNABLE TO OBTAIN PERIPHERAL ACCESS; TYPE: MANUAL; SIZE: 18; SITE: PROXIMAL TIBIA LEFT; SOLUTION: NORMAL SALINE; TOTAL VOLUME: N/A; ATTEMPTS: 1; PROCEDURE WAS: SUCCESSFUL; RESULT AFTER: UNCHANGED
	11:51:00	FUENTES, VANESSA,AMR	FACILITY ACTIVATION - ACTIVATION TYPE: CARDIAC ARREST ALERT
	11:51:38	LACOFD	INTUBATION REASSESSMENT - TUBE IN PLACE: YES

CARDIAC ARREST

REASON FOR ARREST: TRAUMA

WITNESSED ARREST: YES

ARREST WITNESSED BY:

FIRST KNOWN RHYTHM: ASYSTOLE

PATIENT FIRST DEFIBRILLATED BY: NONE

MECHANICAL ADJUNCTS USED: NONE

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FIRST RESPONDER (NON-TRANSPORTING EMS)
DISPATCHER CPR INSTRUCTIONS: YES
WHO FIRST PROVIDED CPR:
FIRST RESPONDER (NON-TRANSPORTING EMS)
AED PRIOR TO EMS ARRIVAL: NO

PULSE RETURNED: NO
PULSE UPON ARRIVAL AT HOSPITAL: NO
EVENT RESOLUTION: ONGOING RESUSCITATION IN ED

RUN COMPLETION

PATIENT CONDITION UPON EMS ARRIVAL: CRITICAL (RED)
CONDITION OF PATIENT AT THE END OF EMS CARE: CRITICAL (RED)

OTHER CAREGIVERS

CAREGIVER NAME:
CERTIFICATION:
AGENCY: LACOFD
ROLE:
REASON FOR OTHER UNIT/TEAM TRANSPORT:
ARRIVED ON SCENE:
TIME CARE TRANSFERRED IN FIELD:
COMMENTS:

PRIVACY PRACTICES: THE NOTICE OF PRIVACY PRACTICES WAS UNABLE TO BE PROVIDED

DELAY REASONS

REASON OF RESPONSE DELAY: 1. EXTENDED DISTANCE
REASON OF TRANSPORT DELAY: NONE/NO DELAY
REASON OF TURNAROUND DELAY: NONE/NO DELAY
REASON OF SCENE DELAY: NONE/NO DELAY

PCR ID: 2022050412165547862

DEVICE: CACOMMEDT58

PRINTED: 6/9/2022 15:47:19

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ATTACHMENTS

Date/Time: 05/04/2022 11:21:09 Patient Name: Unknown, Male Incident Number: LAC22148094 Sequence Number: CF2 205040488
 EMS Agency Name: LACoFD Unit Number: S98 Incident/Patient Disposition: (ALS) Patient Treated, Transported Rec Facility: SFM Saint Francis Medical Center



LA COUNTY

LACLAO
 1320 N Eastern Avenue
 City of Los Angeles, CA
 90063
 Work: (323) 881-2411

Incident Info

Unit Notified by: 05/04/2022 11:21:09 Incident Number: LAC22148094
 Dispatch Date/Time: Incident Number: LAC22148094
 Mass Casualty: No Sequence Number: CF2 205040488
 Incident: EMS Unit Call Sign: S98
 EMS Vehicle (Unit) S98
 Number: Dispatch Complaint: T/C PED INVOLVED - ALS Disposition: (ALS) Patient Treated, Transported
 Location Code: FR - Freeway
 Incident Address: WB 105EO 710 FWY PARAMOUNT, CA 90723 GPS Location: 33.91135,-118.1649

Provider and Times

Agency: LACoFD Unit ID: S98 Level of Care: Advanced Life Support
 Dispatch: 05/04/2022 11:21:09
 Arrival: 05/04/2022 11:29:12
 At Patient: 05/04/2022 11:35:12
 Left Scene: 05/04/2022 12:16:12
 At Facility: 05/04/2022 12:24:12
 Facility Equip: 05/04/2022 12:25:08
 Available: 05/04/2022 12:30:12

Additional Responding Units

LACoFD Units

Unit ID	Level of Care	PSAP Call Date/Time	Notified by Dispatch Date/Time	En Route Date/Time
ES7	BLS-Basic / EMT	11:19:47	11:21:09	11:21:22

Transporting Units

Transport Agency	Transport Unit Number
WEST MED/MCCORMICK AMBULANCE	000

Crew Members

Crew Members

Crew Member ID	Crew Member Level	Crew Member Response Role
DIGBY, ADAM (P41473)	Paramedic	Paramedic Driver (Documenter)
SCHAEFER, PATRICK (P41470)	Paramedic	Primary Patient Caregiver - ALS Unit

PPE

EMS Professional (Crew Member) ID	Personal Protective Equipment Used
DIGBY, ADAM (P41473)	Mask-N95
SCHAEFER, PATRICK (P41470)	Mask-N95 ; Gloves

Transported To

Receiving Facility: SFM Saint Francis Medical Center

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Date/Time: 05/04/2022 11:21:09
EMSAgency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC 221 48 094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2 20 50 40 48 8
Rec Facility: SFM Saint Francis Medical Center
Facility Address: 3630 E Imperial Hwy, Lyn wood, CA 90 262
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Transport To: Criteria - Sped alty Center
Hospital Capability: Trauma Center Level 2 (TC)
Reason:
Base Hospital Contacted: SFM Saint Francis Medical Center
Patients Transported: 1
Patients at Scene: 1

Patient Information

Name: Unknown, Male,
Date of Birth: Unable to Complete
Est. Weight (lbs.): 225
Age: 35 Years
Est. Weight (kg): 102.1
Gender: Male
Color Code Weight:

Home Address: Unknown, ,

Patient History

Med/Surg History: Unable to Complete
Medication Allergies:
Unable to Complete

Allergic to ASA?: No

Current Medications:
Unable to Complete

Patient Assessment

Distress Level: Severe

Dispatch Complaint: T/C PED INVOLVED

Chief Complaint: Penetrating Traumatic Arrest
Other Complaints:

Primary Impression: Traumatic Arrest, Penetrating
Other Impressions:

Mechanism of injury: Firearm Injury, Assault/Intentional (GSW)

Treatment Protocols

Protocols Used

Traumatic Arrest - 1243

GCS/ Stroke Scale

Date/Time	Eye	Motor	Verbal	Total Score
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Date/Time 05/04/2022 11:21:09	Patient Name: Unknown, Male	Incident Number: LAC22148094	Sequence Number: CF2205040488
EMS Agency Name: LACoFD	Unit Number: S98	Incident/Patient Disposition: (ALS) Patient Treated, Transported	Rec Facility: SFM Saint Francis Medical Center

11:40:53	1 - None	1 - None	1 - None	3
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Stroke Assessment**Stroke Scale Type**

LAMS

LAMS

LAMS

LAMS

LAMS

LAMS

LAMS

Therapies/ Procedures/ Meds/ Defib**Procedures**

Date/Time	TM #	Procedure	Procedure Successful
11:36:01	SCHAEFER, PATRICK (P41470)	CPR	Yes
11:36:02	SCHAEFER, PATRICK (P41470)	AED	
11:36:04	SCHAEFER, PATRICK (P41470)	OPA - Oropharyngeal Airway Insertion	Yes
11:36:36	SCHAEFER, PATRICK (P41470)	Bag-Mask Ventilations (BMV)	
11:37:44	SCHAEFER, PATRICK (P41470)	Intraosseous Insertion	No
11:38:19	SCHAEFER, PATRICK (P41470)	Intraosseous Insertion	No
11:39:48	SCHAEFER, PATRICK (P41470)	Intraosseous Insertion	Yes
11:41:32	SCHAEFER, PATRICK (P41470)	Dressing Application	Yes
11:42:49	SCHAEFER, PATRICK (P41470)	Needle Thoracostomy	Yes
11:46:28	SCHAEFER, PATRICK (P41470)	ALS Assessment	Yes

Medications

Date/Time Medication Administered	Medication Crew (Healthcare Professionals) ID	Medication Given	Medication Dosage/ Units	Medication Administered Route
11:39:12	SCHAEFER, PATRICK (P41470)	OX - Oxygen	15 Liters Per Minute (LPM [gas])	Bag Valve Mask (BVM)

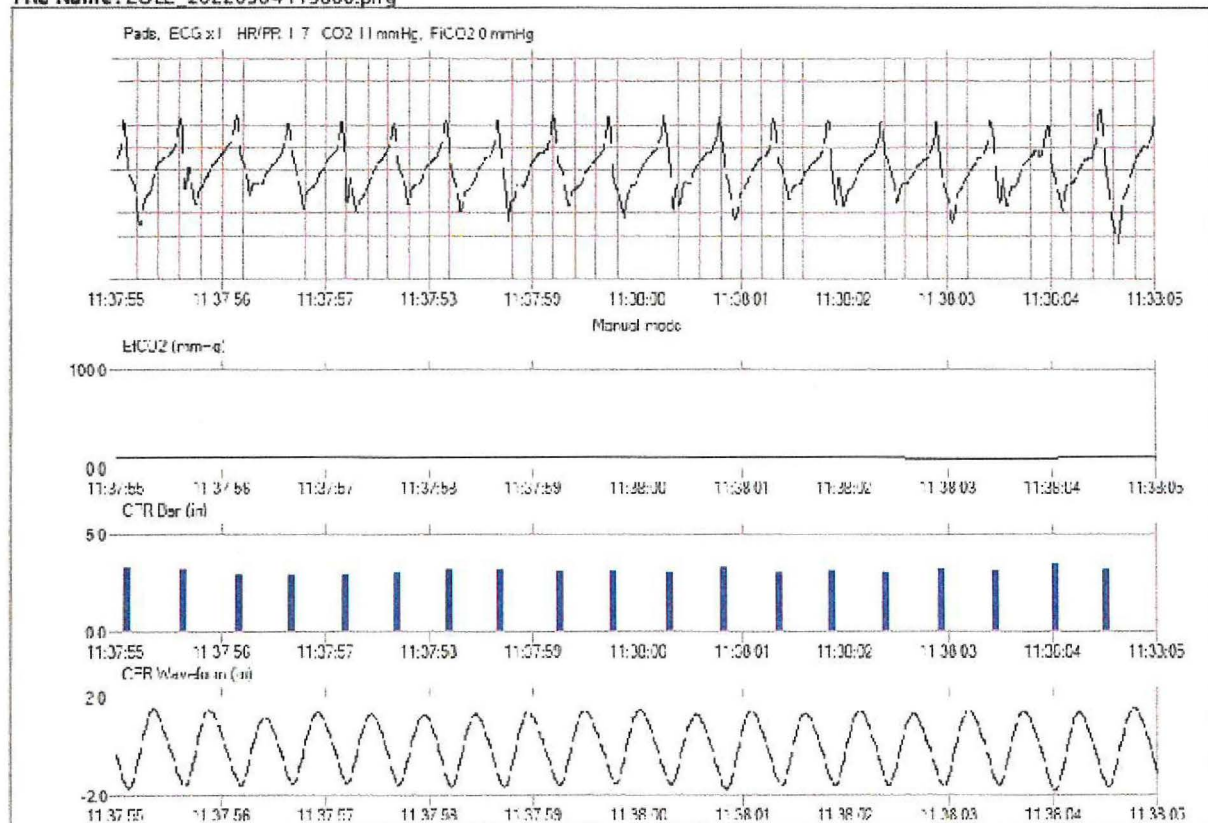
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Date/Time: 05/04/2022 11:21:09
EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC 221 48 094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2 20 50 40 48 8
Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 11:38:00

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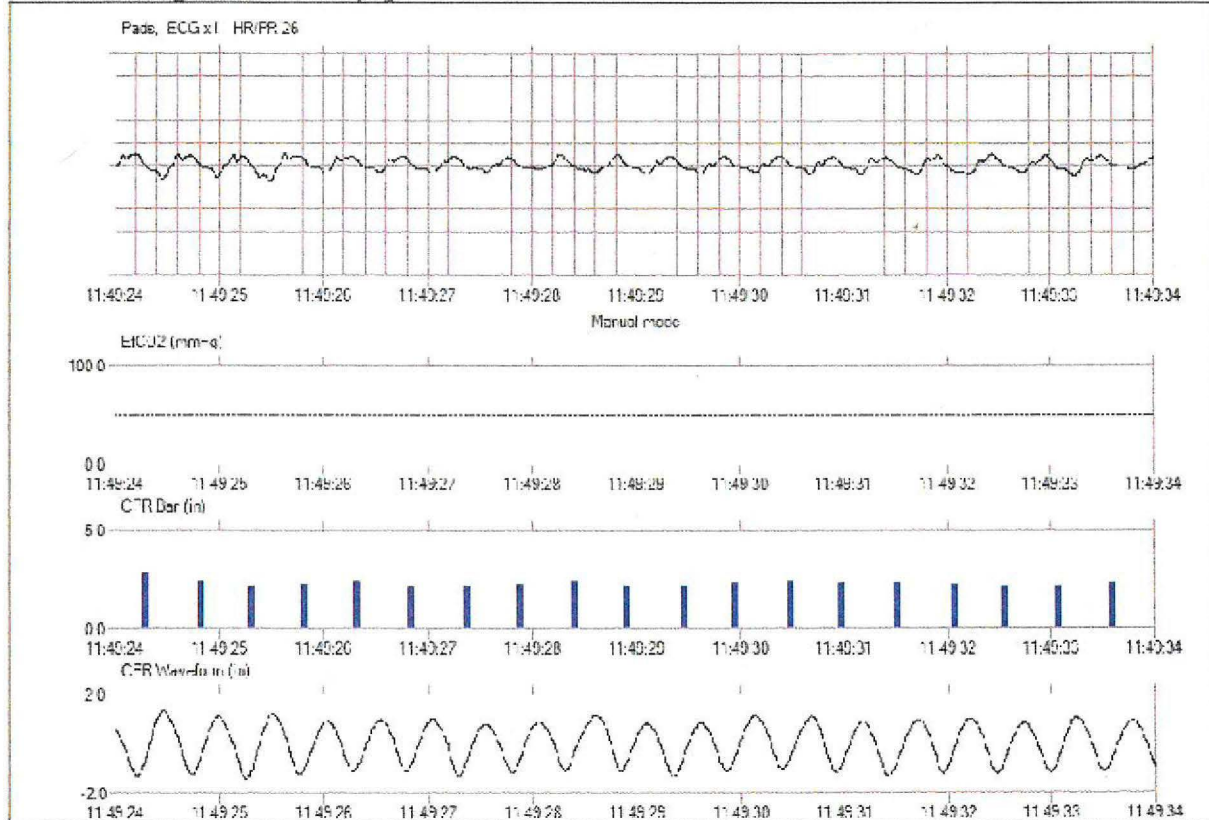
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<https://medsviewer.amr.net/#!/report?hipaaReason=Investigations&isInternalUser=true&pcrlds=2022050412165547862>

Date/Time: 05/04/2022 11:21:09
EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC22148094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2205040488
Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 11:48:00

File Name: ZOLL_20220504114929.png



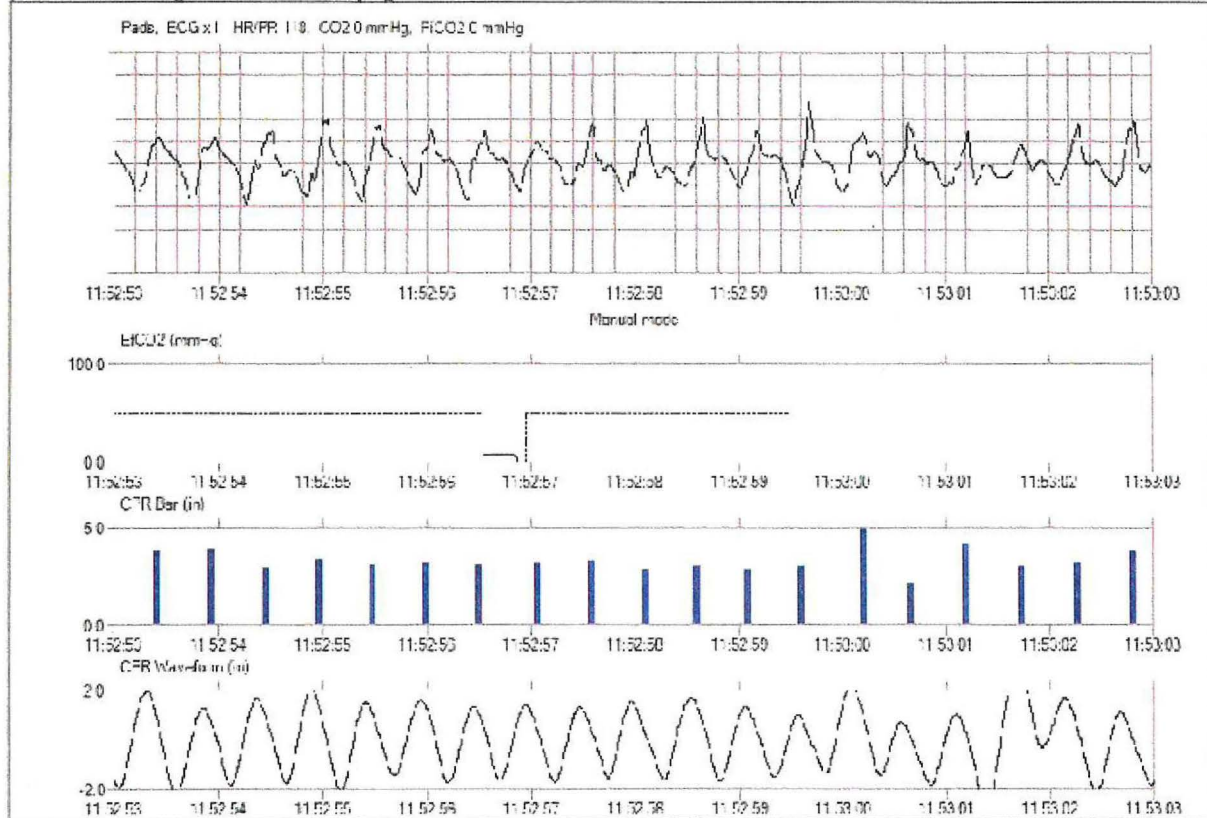
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<https://medsviewer.amr.net/#!/report?hipaaReason=Investigations&isInternalUser=true&pcrlds=2022050412165547862>

Date/Time: 05/04/2022 11:21:09
EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC22148094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2205040488
Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 11:52:58

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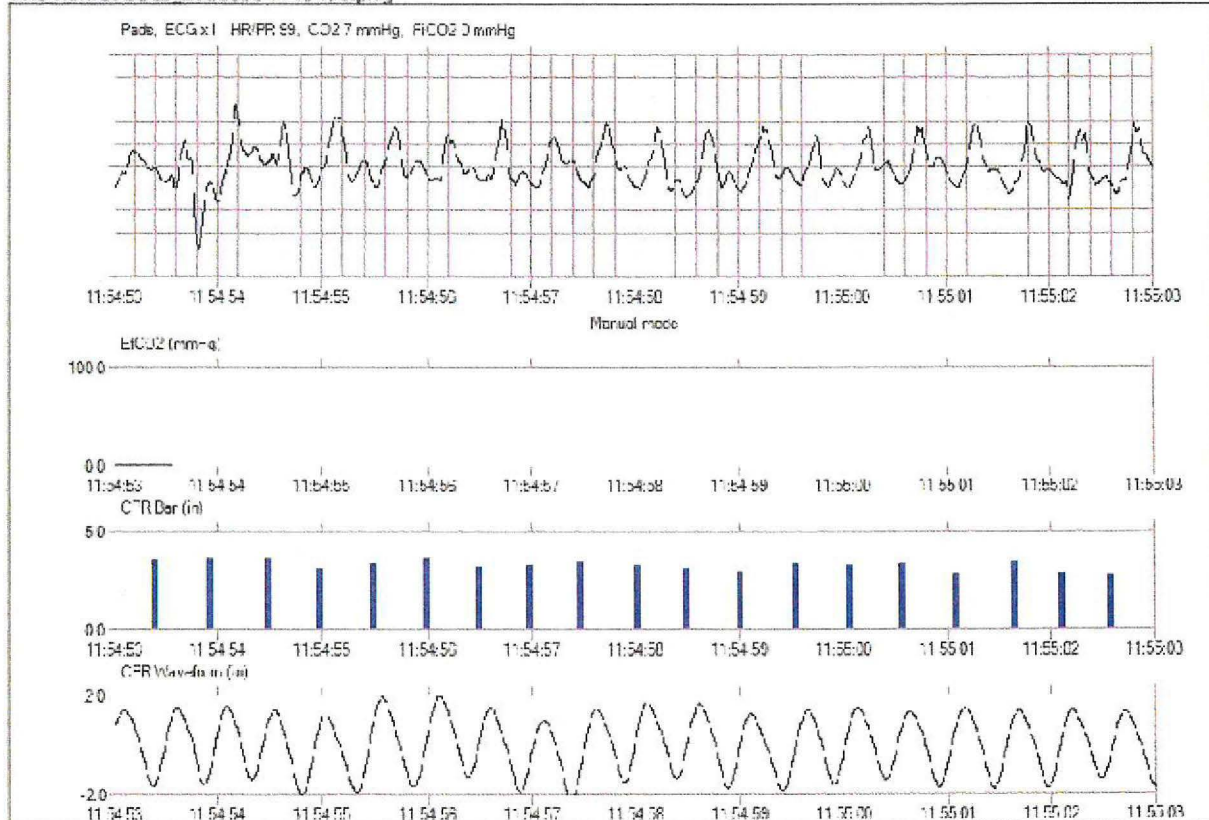
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<https://medsviewer.amr.net/#!/report?hipaaReason=Investigations&isInternalUser=true&pcrlds=2022050412165547862>

Date/Time: 05/04/2022 11:21:09
EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC22148094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2205040488
Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 11:54:58

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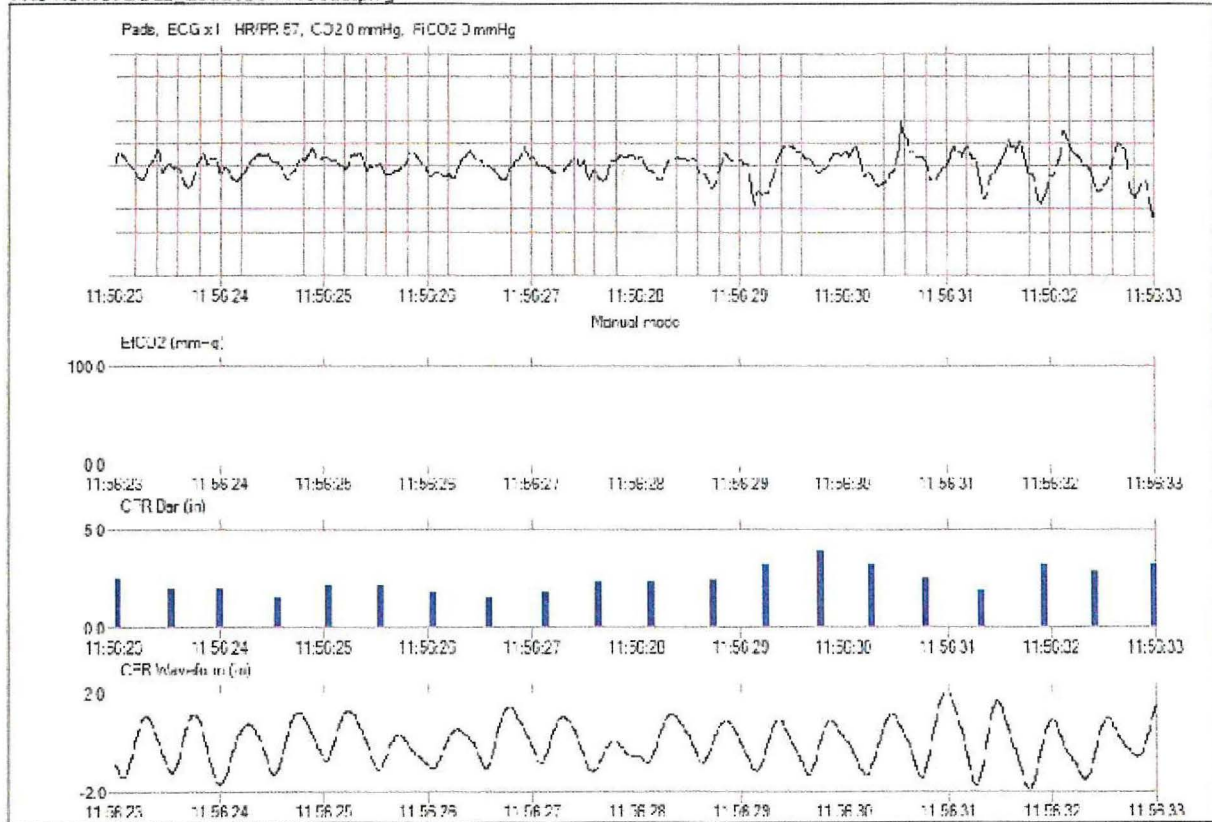
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<https://medsviewer.amr.net/#/report?hipaaReason=Investigations&isInternalUser=true&pcrIds=2022050412165547862>

Date/Time: 05/04/2022 11:21:09
EMS Agency: LACoFD
Name:
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC 221 48 094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2 20 50 40 48 8
Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 11:56:28

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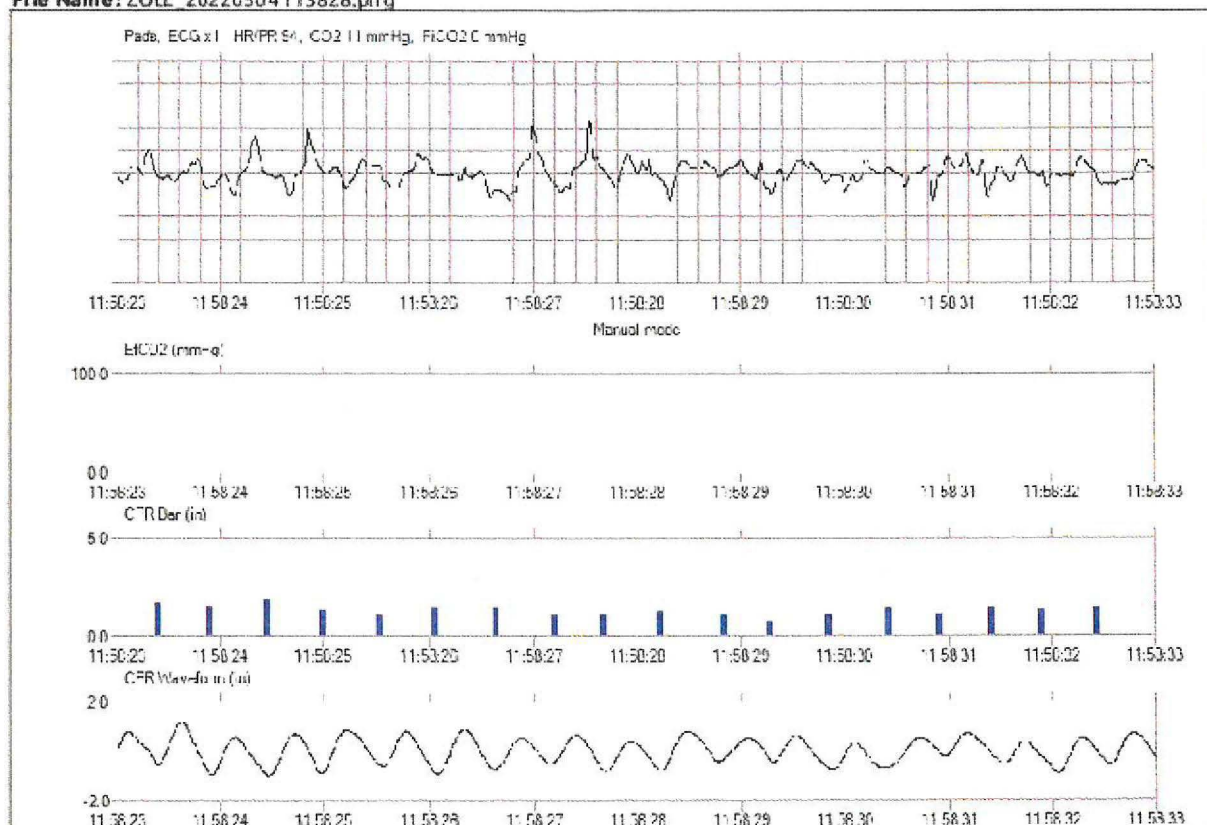
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Date/Time: 05/04/2022 11:21:09	Patient Name: Unknown, Male	Incident Number: LAC 221 48094	Sequence Number: CF2205040488
EMS Agency Name: LACoFD	Unit Number: S98	Incident/Patient Disposition: (ALS) Patient Treated, Transported	Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 11:58:28

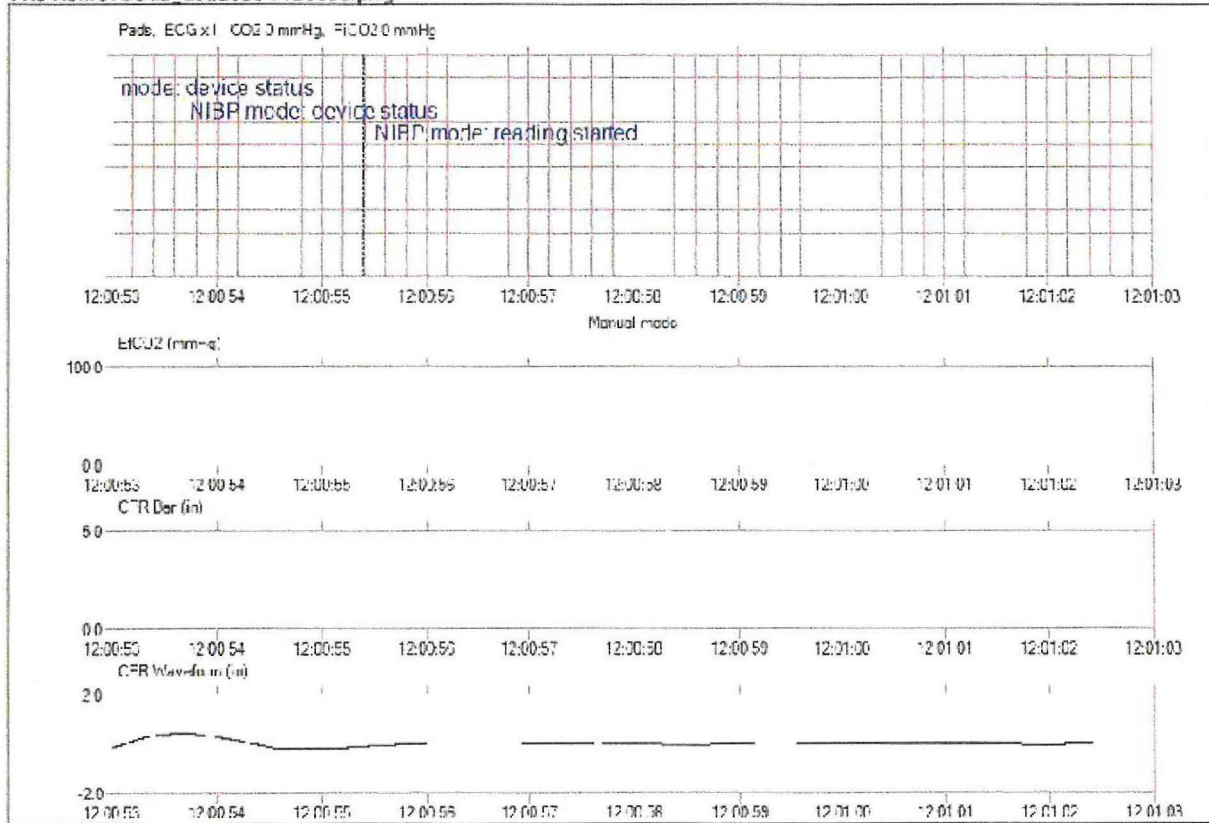
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EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC 221 48 094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2 20 50 40 48 8
Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 12:00:58**File Name:** ZOLL_20220504120058.png**Arrest Details**

Advance N - No Directives:	Cardiac Arrest: Yes, Prior to EMS Arrival	Cardiac Arrest Etiology: Trauma - TR	Arrest Witnessed By: Witnessed by Law Enforcement
		EMS CPR Time: 05/04/2022 11:30:49	
		Type of CPR Provided: Compression-Continuous; Ventilation-Bag Valve Mask	
First Monitored Arrest Rhythm of the Patient: PEA	Any Return of Spontaneous Circulation: No	AED Use Prior to EMS Arrival: No	CPR Care Provided Prior to EMS Arrival: No
Reason CPR/Resuscitation Disc ontin ued:			

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Date/Time: 05/04/2022 11:21:09
EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: 598
Incident Number: LAC22148094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2205040488
Rec Facility: SFM Saint Francis Medical Center

Physical**Exams**

Date/Time of Assessment	Airway/Fac	Breathing	Lung Exam Summary	Level of Consciousness	Skin	Head	Eye Exam	Chest Assessment	Abdomen	Extremities	Back/Spine
11:46:29	Airway - Patent	A - Apnea		Unresponsive (U)	Flushed	Puncture	Bilateral - Pinpoint	Puncture			Upper Leg - Leg-Upper-Right: Puncture; Gunshot wound with tourniquet placed over

Special Circumstances

Suspected Abuse/Neglect?:

Suspected ETOH?:

Suspected Drugs?: N/A or Not Recorded

Recreational Substance History**Vitals**

Date/Time Vital Signs Taken	Vitals Crew Members ID	Blood Pressure	Heart Rate/Pulse	Respiratory Rate	O2	Pain Scale Score	ETC O2
11:38:00	SCHAEFER, PATRICK (P41470)	/	117	6	0		11
11:40:53	SCHAEFER, PATRICK (P41470)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	0	
11:44:08	SCHAEFER, PATRICK (P41470)	/			Not Applicable	0	
11:48:00	SCHAEFER, PATRICK (P41470)	/	26				
11:52:58	SCHAEFER, PATRICK (P41470)	/	118				0
11:54:58	SCHAEFER, PATRICK (P41470)	/	99				7
11:56:28	SCHAEFER, PATRICK (P41470)	/	57				0
11:58:28	SCHAEFER, PATRICK (P41470)	/	94	5			11
12:00:58	SCHAEFER, PATRICK (P41470)	/					0

Airway Confirmations**Transfer of Care**

Care Transferred To: F - Facility

Facility Name: SFM Saint Francis Medical Center

Facility Code: 20446

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Date/Time: 05/04/2022 11:21:09	Patient Name: Unknown, Male	Incident Number: LAC 221 48 094	Sequence Number: CF2 20 50 40 48 8
EMS Agency Name: LACoFD	Unit Number: S98	Incident/Patient Disposition: (ALS) Patient Treated, Transported	Rec Facility: SFM Saint Francis Medical Center
		# Patients Transported: 1	Code 3: Code 3
			Transport Mode:

Transfer of Care Airway

Narrative

Paramedic Narrative: Aost to find pt laying supine on freeway in severe distress
CC of cardiac arrest resulting from penetrating trauma
Upon our arrival, pt aox0, 1/1/1 gcs
Ems was initially called to scene for pt running on to freeway as part of an apparent suicide attempt
Lunging in front of traffic
CHP arrived at patient before our arrival at scene and engaged with patient
By the time we arrived at pt, he had suffered multiple gun shot wounds and was pulseless with only agonal breathing
After two agonal breaths, pt became pulseless and apneic
Pt chest exposed, placed on pads and rhythm assessed
Pt found to be in PEA at approx 30 bpm
Compressions begun immediately, with opa placement and bvm therapy initiated at the same time
Once more resources arrived on scene, medics were able to move from BLS to ALS interventions
Head to toe assessment completed
CHP stating they fired a grazing shot at pts head, laceration noted to occipital
GSW noted to upper right chest
CHP also stating pt has GSW to right thigh, though wound never visualized by ems
Tourniquet placed by CHP, who state that wound is directly beneath tourniquet so it was left in place
Fourth gsw noted to left lower leg
Two attempts at IO insertion in right proximal tibia, but IO needle broke on both attempts
Third attempt at insertion at left proximal tibia, this time successful
Fluid resuscitation begun
Chest seal placed over gsw to upper right chest
LS absent with BVM
Needle thoracostomy performed on affected side, mid axillary
Significant blood return from catheter after insertion
Rhythm and pulse checks continued to be performed during this time, no shockable rhythm ever noted
Ambulance arrival time at scene delayed due to access issues and freeway traffic, hence transport delay
Immediately upon ambulance arrival on scene, pt loaded and transport initiated to sfm
Pt monitored en route to sfm where transfer of care was performed with ER staff
All times approximate

Signatures**Type of Person Signing:** EMS Primary Care Provider (for this event)**Signature Reason:** EMS Provider**Date/Time of Signature:** 05/04/2022 11:24:10**Signature Graphic:**

Name: SCHAEFER, PATRICK**Controlled Substances****Controlled Substances**

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<https://medsviewer.amr.net/#/report?hipaaReason=Investigations&isInternalUser=true&pcrIds=2022050412165547862>

Date/Time: 05/04/2022 11:21:09	Patient Name: Unknown, Male	Incident Number: LAC22148094	Sequence Number: CF2205040488
EMSAgency Name: LACoFD	Unit Number: S98	Incident/Patient Disposition: (ALS) Patient Treated, Transported	Rec Facility: SFM Saint Francis Medical Center

Intentionally left blank if none given.

Attachments

File Name: 20220504 113554_AR15C012729
Modified By: ADAM DIGBY
Modified On: 05/04/2022 16:14:22

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<https://medsviewer.amr.net/#/report?hipaaReason=Investigations&isInternalUser=true&pcrlds=2022050412165547862>**MCCORMICK AMBULANCE SERVICE
PRE-HOSPITAL CARE REPORT SIGNATURES**

CASE #: 44739

UNIT ID: 1402

DATE: 05/04/2022

MCCORMICK AMBULANCE SERVICE CREW MEMBERS**CREW 1**

NAME: FUENTES, VANESSA,AMR

NUMBER: E169829

CERTIFICATION: EMT

CREW 2

NAME: ARIAS, ELAINE,AMR

NUMBER: E165038

CERTIFICATION: EMT

OTHER CAREGIVERS

NAME:

NO SIGNATURE FOUND

AGENCY: LACOFD

CERTIFICATION:

REASON FOR OTHER CAREGIVER:

DESTINATION

DESTINATION:

ST FRANCIS MED CTR-LYN

DESTINATION FLOOR/DEPT/ROOM:

HOSPITAL-EMERGENCY DEPARTMENT

TURNED OVER TO: MOSES

DATE/TIME SIGNED: 12:40:31 05/04/2022

PCR ID: 2022050412165547862

DEVICE: CACOMMEDT58

PRINTED: 6/9/2022 15:47:19

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<https://medsviewer.amr.net/#/report?hipaaReason=Investigations&isInternalUser=true&pcrlds=2022050412165547862>**Westmed Ambulance, Inc. DBA McCormick Ambulance**

Run Number: 44739

Date and Time of Transport: 5/4/2022 11:51:38

Patient Name: JOHN DOE

Destination: ST FRANCIS MED CTR-LYN, 3630 E IMPERIAL HWY, LYNWOOD, CA 90262

I acknowledge that I am legally responsible for the ambulance services provided to me. I request and assign payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to AMR directly for any ambulance services and supplies furnished to me by AMR whether in the past, now, or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third-party payers and their respective agents and contractors, as well as AMR, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services whether in the past, now or in the future. I agree to cooperate with AMR or its agent in collecting any such benefits and authorize AMR to file an appeal or grievance on my behalf when AMR determines my insurance has paid less than AMR's expected reimbursement for provided services. I expressly authorize AMR or its related corporate entities, associates, agents, servicers, debt collectors and independent contractors, to contact me or any responsible party at any telephone number (including numbers assigned to any paging, cellular, or mobile service, or any service which charges for the call) mailing address, or any other electronic address used by, or associated with me, or any responsible party and obtained through any source (including any telephone number, I, any responsible party, or any party accompanying me at the time of service, have provided previously or may provide in the future) for the purpose of resolving any unpaid balances or any other pertinent issues regarding this account. I expressly agree any such contact by AMR, its related corporate entities, associates, agents, servicers, debt collectors and independent contractors, may be through any means (including a dialer, automatic telephone dialing system, predictive dialer, interactive voice recognition system, pre-recorded or artificial voice, pre-set messages, or any pre-set electronic messages delivered by any other electronic messaging or text messaging system). Patient or Guarantor agrees and acknowledges any e-mail address or any other electronic address Patient or Guarantor provides to AMR is Patient's or Guarantor's private address, is not owned or furnished by their employer and cannot be accessed by unauthorized third parties. Patient or Guarantor also authorizes AMR or its agents or associates to obtain a credit report to assist in the collection of any unpaid balances. Nothing herein shall relieve me from the direct financial responsibility for any charges not paid by an insurer. I further agree to send promptly to AMR any payments that an insurer forwards to me.

Signature of Patient

Date

REPRESENTATIVE SIGNATURE

Reason Patient could not Sign :

Signature of Representative

Printed Name of Representative

Date

FACILITY SIGNATURE

Complete this section only if you are unable to obtain the signature of the patient or authorized representative listed above.

Reason Patient could not Sign: Unconscious

By signing below, I certify that the above named patient was physically or mentally incapable of signing at the time of transport and that none of the individuals listed in 42 C.F.R. §424.36(b)(1)-(3) was available or willing to sign the claim on behalf of the beneficiary.

Crew Signature

05/04/2022

Crew Date

This section is to be complete by a representative of the receiving facility, whenever you are unable to obtain the signature of the patient or an authorized representative. Note: The crew must also complete the "Crew Signature" Section above.

Name and Location of Facility ST FRANCIS MED CTR-LYN, 3630 E IMPERIAL HWY

The above named patient, as described by McCormick, was received by our facility, which provided care or assistance to the patient, on the date and time set forth above.

Signature of Receiving Representative

05/04/2022

Date

MOSES

Printed Name of Receiving Facility Representative

Registered Nurse

Title

McCormick is required to obtain this form in order to submit a claim for payment to Medicare or other third party payer. This Signature is not an acceptance of financial responsibility for the patient.

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<https://medsviewer.amr.net/#/report?hipaaReason=Investigations&isInternalUser=true&pcrIds=2022050412165547862>

CREW SAFETY MEASURES

Crew	Safety Measures
Crew One Safety Precautions	Gloves,Surgical Mask
Crew Two Safety Precautions	Gloves,Surgical Mask

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<https://medsviewer.amr.net/#/report?hipaaReason=Investigations&isInternalUser=true&pcrIds=2022050412165547862>**PROCEDURES NOT PERFORMED**

Procedure	Reason Procedure not Performed
Vital Signs	Other Provider/Agency responsible for Primary Care
Pain Scale	Not Able
Capnometry/Capnography	Other Provider/Agency responsible for Primary Care
Capnometry/Capnography	Other Provider/Agency responsible for Primary Care
Vascular Access	Not Able
EKG/ECG	Other Provider/Agency responsible for Primary Care
Pain Scale	Not Able

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https://medsviewer.amr.net/#!/report?hipaaReason=Investigations&isInternalUser=true&pcrids=2022050412165547862

CHECKPOINT AUDIT TRAIL

SITE: MCCORMICK

PCR ID: 2022050412165547862

DATE ENTERED CHECKPOINT	CASE NUMBER	DOS	TOTAL AGE(HRS)	IS TRIP IN CHECKPOINT
2022-05-04T15:52:25.47	44739	2022-05-04T00:00:00	20	NO

QUEUE NAME	TIMER ENTERED QUEUE	TIME SUBMITTED	HOURS PRESENT	SUBMITTED/MOVED BY	SUBMITTED METHOD
100% HOLD 96 HR	2022-05-04T15:52:25.47	2022-05-05T11:35:40.51	20	19885113	PROCESS

FIELD NAME	OLD VALUE	NEW VALUE	TIME MODIFIED	MODIFIED BY
DATE_T_CANCEL			2022-05-05T11:35:19.443	19885113
T_CANCEL			2022-05-05T11:35:19.46	19885113
DATE_T_DISPATCHED	5/4/2022 11:21:48	05/04/2022 11:21:48	2022-05-05T11:35:19.477	19885113
DATE_T_ONSCENE	5/4/2022 11:32:01	05/04/2022 11:32:01	2022-05-05T11:35:19.477	19885113
DATE_T_START	5/4/2022 11:21:59	05/04/2022 11:21:59	2022-05-05T11:35:19.49	19885113
DATE_T_TRANS	5/4/2022 11:51:38	05/04/2022 11:51:38	2022-05-05T11:35:19.507	19885113
DATE_T_AVAILABLE	5/4/2022 12:44:00	05/04/2022 12:42:38	2022-05-05T11:35:19.523	19885113
DATE_T_ARRHOSP	5/4/2022 11:56:59	05/04/2022 11:56:59	2022-05-05T11:35:19.54	19885113
CALLERNAME	<PARAMOUNT>	F22158356	2022-05-05T11:35:19.553	19885113
DATE_T_CALL	5/4/2022 11:21:10	05/04/2022 11:21:10	2022-05-05T11:35:19.57	19885113
OTHERLOC		<NONE>	2022-05-05T11:35:19.57	19885113
TRANSPRI		1	2022-05-05T11:35:19.57	19885113
CADDETERMINANTCODE		TCP	2022-05-05T11:35:19.57	19885113
T_DISPATCHED	112148	112148	2022-05-05T11:35:19.57	19885113
T_ONSCENE	113201	113201	2022-05-05T11:35:19.57	19885113
T_TRANS	115138	115138	2022-05-05T11:35:19.57	19885113
T_AVAILABLE	124400	124238	2022-05-05T11:35:19.57	19885113
T_ARRHOSP	115659	115659	2022-05-05T11:35:19.583	19885113
T_CALL	112110	112110	2022-05-05T11:35:19.583	19885113
ID		1	2022-05-05T11:35:37.79	19885113
DOCUMENTID		1	2022-05-05T11:35:37.79	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:37.807	19885113
ATTACHEDDATE		5/5/2022	2022-05-05T11:35:37.807	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:37.82	19885113
EXTENSION		JPEG	2022-05-05T11:35:37.82	19885113
ID		2	2022-05-05T11:35:37.837	19885113
DOCUMENTID		2	2022-05-05T11:35:37.837	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:37.853	19885113
ATTACHEDDATE		5/5/2022	2022-05-05T11:35:37.87	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:37.87	19885113

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<https://medsvviewer.amr.net/#/report?hipaaReason=Investigations&isInternalUser=true&pcrlds=2022050412165547862>

FIELD NAME	OLD VALUE	NEW VALUE	TIME MODIFIED	MODIFIED BY
EXTENSION		JPEG	2022-05-05T11:35:37.883	19885113
ID		3	2022-05-05T11:35:37.883	19885113
DOCUMENTID		3	2022-05-05T11:35:37.9	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:37.9	19885113
ATTACHEDDATE		5/5/2022	2022-05-05T11:35:37.913	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:37.93	19885113
EXTENSION		JPEG	2022-05-05T11:35:37.947	19885113
ID		4	2022-05-05T11:35:37.947	19885113
DOCUMENTID		4	2022-05-05T11:35:37.96	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:37.977	19885113
ATTACHEDDATE		5/5/2022	2022-05-05T11:35:37.977	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:37.993	19885113
EXTENSION		JPEG	2022-05-05T11:35:37.993	19885113
ID		5	2022-05-05T11:35:38.01	19885113
DOCUMENTID		5	2022-05-05T11:35:38.01	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:38.023	19885113
ATTACHEDDATE		5/5/2022	2022-05-05T11:35:38.023	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:38.04	19885113
EXTENSION		JPEG	2022-05-05T11:35:38.133	19885113
ID		6	2022-05-05T11:35:38.133	19885113
DOCUMENTID		6	2022-05-05T11:35:38.15	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:38.15	19885113
ATTACHEDDATE		5/5/2022	2022-05-05T11:35:38.15	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:38.15	19885113
EXTENSION		JPEG	2022-05-05T11:35:38.15	19885113
ID		7	2022-05-05T11:35:38.15	19885113
DOCUMENTID		7	2022-05-05T11:35:38.15	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:38.15	19885113
ATTACHEDDATE		5/5/2022	2022-05-05T11:35:38.15	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:38.15	19885113
EXTENSION		JPEG	2022-05-05T11:35:38.163	19885113
ID		8	2022-05-05T11:35:38.163	19885113
DOCUMENTID		8	2022-05-05T11:35:38.163	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:38.163	19885113
ATTACHEDDATE		5/5/2022	2022-05-05T11:35:38.163	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:38.163	19885113
EXTENSION		JPEG	2022-05-05T11:35:38.163	19885113
ID		9	2022-05-05T11:35:38.163	19885113
DOCUMENTID		9	2022-05-05T11:35:38.163	19885113

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<https://medsviewer.amr.net/#/report?hipaaReason=Investigations&isInternalUser=true&pcrlds=2022050412165547862>

FIELD NAME	OLD VALUE	NEW VALUE	TIME MODIFIED	MODIFIED BY
ADDED BY		CHECKPOINT	2022-05-05T11:35:38.163	19885113
ATTACHED DATE		5/5/2022	2022-05-05T11:35:38.163	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:38.163	19885113
EXTENSION		JPEG	2022-05-05T11:35:38.163	19885113
ID		10	2022-05-05T11:35:38.163	19885113
DOCUMENT ID		10	2022-05-05T11:35:38.163	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:38.163	19885113
ATTACHED DATE		5/5/2022	2022-05-05T11:35:38.163	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:38.163	19885113
EXTENSION		JPEG	2022-05-05T11:35:38.163	19885113
ID		11	2022-05-05T11:35:38.163	19885113
DOCUMENT ID		11	2022-05-05T11:35:38.163	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:38.163	19885113
ATTACHED DATE		5/5/2022	2022-05-05T11:35:38.163	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:38.163	19885113
EXTENSION		JPEG	2022-05-05T11:35:38.163	19885113
ID		12	2022-05-05T11:35:38.163	19885113
DOCUMENT ID		12	2022-05-05T11:35:38.163	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:38.163	19885113
ATTACHED DATE		5/5/2022	2022-05-05T11:35:38.163	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:38.163	19885113
EXTENSION		JPEG	2022-05-05T11:35:38.163	19885113
ID		13	2022-05-05T11:35:38.163	19885113
DOCUMENT ID		13	2022-05-05T11:35:38.163	19885113
ADDED BY		CHECKPOINT	2022-05-05T11:35:38.163	19885113
ATTACHED DATE		5/5/2022	2022-05-05T11:35:38.163	19885113
DESCRIPTION		CHECKPOINT - OTHER	2022-05-05T11:35:38.163	19885113
EXTENSION		JPEG	2022-05-05T11:35:38.18	19885113